14



| AMENDMENT TRANSMITTAL LETTER | | | | | | | Docket No. | |
|--|---|---|-----------------------------------|------------------------|---|------------------------|-------------|--|
| | | | | | | 3313-1103P Art Unit | | |
| Application No. 10/765,960-Conf. #002327 | | January 2 | 1 | Examiner C. Y. Peng | | | 2883 | |
| pplicant(s): Yi-X | | | .0, 2001 | | | | | |
| vention: POSIT | | | STATION FO | R PHO | TOELECTRIC | C ELEME | ENTS | |
| IS Amendment ommissioner for .O. Box 1450 lexandria, VA 223 Transmitted here | 313-1450 | endment in the | above-identif | ied app | lication. | | | |
| The fee has beer | | | | | | | | |
| | | CLAIM | S AS AMENI | DED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | | Rate | | | |
| Total Claims | 48 | - 20 = | 28 | Х | 50.00 | 1 | 1,400.00 | |
| Independent Claims | 4 | - 3 = | 1 | х | 200.00 | | 200.00 | |
| Multiple Depend | lent Claims (ch | eck if applicabl | e) | | | | | |
| Other fee (pleas | e specify): | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 1 | 1,600.00 | |
| x Large Entity | | | | | Small Entity | | | |
| | al fee is require | nd for this ame | adment | ட | • · · · · · · · · · · · · · · · · · · · | | | |
| 吕 | · | | | | | | | |
| | ge Deposit Acc copy of this she | | | n the ar | mount of \$ | | · | |
| X A check in the | . • | | | tha filin | a fao io anale | and . | | |
| | | | | ure min | g lee is elicic | iseu. | | |
| | credit card. Fo | | | | | | | |
| × The Director | r is hereby auth d below. A dup | | | | | ,02- | -2448 | |
| | • | | iiiis siieei is t | enciose | u. | | | |
| \sqsubseteq | ny overpaymer | | | | | | | |
| X Charge a | afily additional/fill | ing or applicatio | n processing t | fees req | uired under 37 | 7 CFR 1.1 | 6 and 1.17. | |
| Joe McKinney I Attorney Reg. N | <i>7</i> 1 | my | | | Dated: De | ecember | 12, 2005 | |
| BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8026 | ART, KOLASC se Road (irginia 22040- | / | _P | | | | | |
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